

# Facility or discharge location

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-R0073

Name ACUSHNET COMPANY, RUBBER DIVISION, PLANT B  
Street 744 Belleville Ave.  
City New Bedford, MA 02745  
State/Zip code

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory  
\* The 12 open container grab samples were collected over the sampling day, and examined, then combined into one composite sample for analysis

Telephone number (including area code) 617-997-2811

(2-3) MA ST	(4-16) 0003913 PERMIT NUMBER
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(17-19) 001 DIS
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(20-21) 8	(22-23) 6	(24-25) 0	(26-27) 5	(28-29) 0	(30-31) 1
YEAR	MO	DAY			

(20-21) 8	(22-23) 7	(24-25) 0	(26-27) 5	(28-29) 3	(30-31) 1
YEAR	MO	DAY			

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only) QUANTITY (38-45)				UNITS	(4 card only) CONCENTRATION (46-53)				UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM						
FLOW	REPORTED	.399	.501	.581	M.G.D.							30/30	24 Hr.* composite	
	PERMIT CONDITION													
OIL + GREASE	REPORTED		.007		LBS/Day	0						1/30	24 Hr.* composite	
	PERMIT CONDITION		3.3	9.3										
T.S.S.	REPORTED		1.0		LBS/Day	0						1/30	24 Hr.* composite	
	PERMIT CONDITION		9.0	18.0										
C.O.D.	REPORTED						11.4			MG/L	0	1/30	24 Hr.* composite	
	PERMIT CONDITION						MONITOR							
pH	REPORTED					7.9	8.0	8.5	STD.	6	12/30	24 Hr.* composite		
	PERMIT CONDITION						6.5		8.0	UNITS				
CR	REPORTED						0.05			MG/L	0	1/90	24 Hr.* composite	
	PERMIT CONDITION							0.3						
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
JEPSON, JOHN		Exec.Vice President & General Manager		8 7 0 6 Q3	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

INSTRUCTIONS FOR COMPLETING  
DISCHARGE MONITORING REPORT

Read these instructions before completing form:

After reading and understanding instructions and forms, please return acknowledgement card.

Sampling and testing procedures should follow those published in 40 C.F.R. 136. These are basically Standard Methods or EPA procedures.

Forms should be completed in triplicate for each discharge with copy each for EPA, state and your records. If the state requires a more frequent submittal than EPA, collate EPA's copies and send as required.

Enter permittee name and facility address, PERMIT NUMBER, discharge number and reporting period. (A separate page is required for each discharge.)

For each parameter monitored during the reporting period, (either as a requirement of the permit or for own information) summarize the data as required in the permit and complete the form as follows:

1. Parameter column - list parameter name.
2. Enter minimum, average and maximum values for quantity and/or concentration under appropriate column headings.
  - a. If frequency is once per month or less, enter the one value under average and leave minimum and maximum blank.
  - b. lb/day (pounds per day) equals flow (in million gallons per day) times concentration (in mg/l) times 8.34.  
Example:  $2.5 \text{ MGD} \times 30 \text{ mg/l BOD} \times 8.34 = 625.5 \text{ lb BOD/day}$
  - c. MGD equals gallons per minute times 1440.
3. Enter units as appropriate.

MGD - million gallons per day  
lb/day - pounds per day  
mg/l - milligrams per liter  
SU - standard units for pH  
°F - degrees fahrenheit  
kg/day - kilograms/day =  $\frac{\text{lb/day}}{2.2}$   
(other units may be used as necessary)
4. Specify the number of samples that exceeded the maximum (and/or minimum, as appropriate) in the columns "NO. EX." If none, enter "0". If there are any violations, send a letter of explanation.
5. Specify frequency of analysis as number of analyses/ number days (3/7 is three analyses per every 7 days, 1/7 is weekly, 1/30 is once a month, 30/30 is daily, 1/90 is quarterly & 1/180 is semiannually) If continuous, enter "CONT"
6. Specify sample type ("grab" or "hr. composite")  
If frequency was continuous enter "NA."

Indicate person or laboratory performing analytical work under Remarks.

Print name and title of person responsible for monitoring and reporting and sign and date the form.

Mail state copy to appropriate state agency and EPA copy to

Environmental Protection Agency  
Permits Branch  
Box 8127  
Boston, MA 02114

When supply of forms will be exhausted within 2 months, send reorder form or reproduce forms yourself.



# ACUSHNET COMPANY RUBBER DIVISION

Manufacturers of Elastomeric Products

June 3, 1987

Mr. George Harding  
Permit Compliance Section  
Compliance Branch  
Water Management Division  
Environmental Protection Agency  
JFK Federal Building  
Boston, MA 02203

Gentlemen:

This notice will serve as a letter of explanation for exceeding PH limits as specified on our NPDES permit # MA 0003913001. Six samples had PH readings above the maximum of 8.0 which was due to incoming water from the municipal water system having a PH of 7.9 on the day of testing. This would account for our high readings.

Please contact me if you require further information.

Sincerely,

ACUSHNET COMPANY

  
John J. Bailey Jr., C.S.P.  
Manager of Safety and Security

/rg

Enc.

*George*  
File

RECEIVED

JUN 10 1987

COMPLIANCE BRANCH